

**APPLICATION
FOR
EMPLOYMENT**



**Council on Aging of Volusia County
420 Fentress Blvd
Daytona Beach, FL 32114**



Council on Aging of Volusia County Inc. & COA In-Home Services (subsidiary of COA, Inc.) is an equal opportunity employer by both policy and practice and complies with all Federal and State laws which forbid discrimination.

Complete all sections which pertain to you. Do not include a resume as a substitute for completing the application. Sign and date the application. Applications with missing information will not be considered applications under the law.

How did you hear about this position? _____ Today's Date: _____

Position applied for: _____ E-MAIL: _____

TELEPHONE: () _____ CELL PHONE: () _____

(PRINT) LAST NAME:	(PRINT) FIRST NAME:	MI	
ADDRESS	CITY	STATE	ZIP
		FL	

Are you eligible to work in the USA? Yes NO

If you are under the age 18, can you provide proof of eligibility for work? Yes No

Have you, since the age of 18, been convicted of a felony? Yes No

If yes, please explain _____
(A conviction will not necessarily exclude you from being considered for employment. Each conviction will be judged on its own merit with respect to the time passed, circumstances and seriousness of the crime).

Have you ever applied to us before? Yes No If yes, give date _____

If employed, may we contact your present employer? Yes No

Are you available to work: Full Time Part Time Nights Weekends?

EDUCATION

	Name of School	Course of Study	Years Completed	Degree
High School				
Undergraduate				
Graduate				
Other				

SKILLS

List any business machines you are capable of operating and any other special skills relevant to the position for which you are applying. Please (✓) all that apply:

Computer: Microsoft Word Excel Access Outlook Power Point Internet

Multi-line Phone System Other _____

EMPLOYMENT HISTORY

Complete your job history for the last four employers or a minimum of ten years. Fill in all contact phone numbers and addresses for prior & current employers.

Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	
Company Name		Phone:
Address City/State/Zip		Salary
Supervisor	Your Job Title	Reason For Leaving
From To	Work Performed	

REFERENCES

1. Name _____ Phone # () _____
2. Name _____ Phone # () _____
3. Name _____ Phone # () _____

**COUNCIL ON AGING OF VOLUSIA COUNTY &
COA IN-HOME SERVICES(Subsidiary of COA, Inc)
CONSENT AGREEMENT**

Reference Checking and Background Investigations: I hereby give the Council on Aging the right to make a thorough investigation of my past employment, education, activities and credit history. In addition, upon employment, I agree to submit to a security examination at any time at the request and expense of the Council on Aging as permitted by law. I understand that the results of any such investigation may be used to make decisions concerning my employment. I release and indemnify the Council on Aging against any liability which might result from making such an investigation. I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENTS OR IMPLICATIONS MADE BY ME IN THIS APPLICATION OR OTHER REQUIRED DOCUMENTS, MAY RESULT IN DENIAL OF EMPLOYMENT OR SUBSEQUENT DISCHARGE. I further understand and agree that the results of any investigation may be communicated to the Council on Aging, and any others it deems appropriate.

Employment at Will I understand that my employment status is "at will" and, that the Council on Aging reserves the right to terminate my services at any time, with or without notice, with or without cause. Furthermore, I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between the Council on Aging and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Council on Aging unless made in writing by the Chief Operating Officer or his/her authorized representative.

Employment Eligibility Verification I understand that any offer of employment is conditioned on my ability to establish my identity and eligibility for employment in the United States.

Drug Testing As a prerequisite to employment, I hereby agree to allow the Council on Aging to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized Agency management for appropriate review.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the Council on Aging, I must abide by the terms of the Agency's drug free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the Agency, and disciplinary action, up to and including discharge, may result if 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Agency, if the test establish a violation of the Agency's drug-free workplace policy, or 4) I otherwise violate the policy.

I hereby agree to all terms and conditions of this consent agreement.

"I agree that any claim or lawsuit relating to my service with the Council on Aging must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

Smoking I understand that smoking is not permitted during working hours, at any time on agency managed facility properties including parking lots, or while driving a private automobile while on company time.

Applicants Signature _____

Date _____

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND
CONSUMER REPORTS**

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING.

A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION CONCERNING YOUR CHARACTER, EMPLOYMENT HISTORY, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, POLICE RECORD, EDUCATION, QUALIFICATIONS, MOTOR VEHICLE RECORDS, MODE OF LIVING AND/OR CREDIT AND INDEBTEDNESS, MAY BE OBTAINED IN CONNECTION WITH YOUR APPLICATION FOR AND/OR CONTINUED EMPLOYMENT WITH THE EMPLOYER. **A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED AT ANY TIME DURING THE APPLICATION PROCESS OR DURING YOUR EMPLOYMENT WITH THE EMPLOYER.** A CONSUMER REPORT CONTAINING INJURY AND ILLNESS RECORDS AND MEDICAL INFORMATION MAY BE OBTAINED AFTER A TENTATIVE OFFER OF EMPLOYMENT HAS BEEN MADE. UPON TIMELY WRITTEN REQUEST OF THE HUMAN RESOURCE DEPARTMENT OF THE EMPLOYER, AND WITHIN 5 DAYS OF THE REQUEST, THE NAME, ADDRESS, AND PHONE NUMBER OF THE REPORTING AGENCY AND THE NATURE AND SCOPE OF THE INVESTIGATIVE CONSUMER REPORT WILL BE DISCLOSED TO YOU. BEFORE ANY ADVERSE ACTION IS TAKEN, BASED IN WHOLE OR IN PART ON THE INFORMATION CONTAINED IN THE CONSUMER REPORT, YOU WILL BE PROVIDED A COPY OF THE REPORT, THE NAME, ADDRESS, AND PHONE NUMBER OF THE REPORTING AGENCY AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.

I HAVE READ, ACKNOWLEDGED AND AUTHORIZED THE ABOVE STATEMENT.

NAME

SIGNATURE

DATE

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Arrange Interview	Yes	No	Remarks _____
_____			_____
INTERVIEWER			DATE
Employed	Yes	No	Date of Employment _____
Hourly Rate/Salary	_____		Number of Hours per week: _____
Job Title	_____	Department	_____
By	_____		_____
	Name and Title		Date

NOTES _____

Council on Aging of Volusia County, Inc.

Job Description

Job Title: Homemaker
Department: Service Coordination Department
Reports To: Manager
FLSA Status: Nonexempt
Prepared Date: December, 2005
Salary Level: \$ 9.75 hr

SUMMARY

The Homemaker is a paraprofessional member of the home care team who works under the supervision of the Service Coordination Department Manager and performs various household services as necessary to meet the patient's needs. The Homemaker is responsible for observing patients and reporting these observations.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

1. Maintain the home in an optimum state of cleanliness and safety depending on the patient's and the caregiver's resources.
2. Perform general homemaking functions including general cleaning, preparation of meals, laundry and shopping.
3. Report to the appropriate Case Manager any incidents or problems related to his/her work or to the caregiver.
4. Report to the appropriate Case Manager any incidents or changes in the patient's behavior.
5. Maintain appropriate work records.
6. Use personal protective equipment as required.

The Homemaker will not function in any manner viewed as the practice of nursing according to the state's Nurse Practice Act. Specifically, the Homemaker will not perform any personal care or perform procedures requiring the training, knowledge and skill of a Home Health Aide or Nurse.

The above statements are only meant to be a representative summary of the major duties and responsibilities performed by incumbents of this job. The incumbents may be requested to perform job related tasks other than those stated in this description.

SUPERVISORY RESPONSIBILITIES

This job has no supervisory responsibilities.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

Meets training requirements in accordance with State and Federal laws. Must be 18 years of age. Must have a Florida driver's license, a reliable automobile and minimum insurance as required by Florida law.

LANGUAGE SKILLS

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization.

MATHEMATICAL SKILLS

Ability to add and subtract two digit numbers and to multiply and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurement, volume, and distance.

REASONING ABILITY

Ability to apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

MACHINES AND EQUIPMENT USED (Includes but not limited to :)

Telephone, fax machine.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee is frequently required to sit; use hands to finger, handle, or feel; reach with hands and arms and taste or smell. The employee is occasionally required to stand and walk. The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently exposed to fumes or airborne particles. The employee is occasionally exposed to toxic or caustic chemicals and outside weather conditions. The noise level in the work environment is usually quiet.

COMPUTER SKILLS

Light computer skills helpful.

CERTIFICATES, LICENSE AND REGISTRATIONS

Meets training requirements in accordance with State and Federal laws. Must be at least 18 years of age.

ADDITIONAL REQUIREMENTS

1. All written and oral detail will be submitted on time and accurately.
2. Must not pose a direct threat or significant risk of substantial harm to the safety or health of himself/herself or others.
3. Must be committed to a high standard of safety and be willing and able to comply with all safety laws and all of the Agency's safety policies and rules and must be willing to report safety violations and potential safety violations to appropriate supervisory or management personnel.
4. Must maintain regular and acceptable attendance at such level as is determined in the Agency's sole discretion. Must report to work on time.
5. Must be regularly available and willing to work at least 8 hours per day and 40 hours per week, or such other hours per day or hours per week as the employer determines are necessary or desirable to meet its business needs.
6. Must be available and willing to travel to such locations and with such frequency as the Agency determines is necessary or desirable to meet its business needs. This includes, but is not restricted to Volusia and Flagler counties.
7. This position is required to assure compliance with local, state, and federal rules and regulations as they pertain to the department. This position is required to report, immediately, any violations.
8. Has a duty to cooperate with all other employees, departments and divisions of the Agency.

Other duties as assigned.

PLEASE SIGN THE FOLLOWING STATEMENT

I have read the above job description and believe I am able to perform the essential duties as outlined. I understand this document does not represent any agreement between myself and the Council on Aging of Volusia County, Inc.

Name

Date



Name: _____

Address: _____

Phone Numbers: Cell - _____ Home - _____

Cities in which you are willing to take assignment:

Availability:

Please fill in the times you are available to take assignment each day

	Hours available?	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you a Homemaker? _____

Do you do cleaning/homemaking? _____

Do you have any allergies? If so, please list _____

Type of Vehicle you drive _____

Available for patient transport cases? _____

Please inform us on any other special conditions you might have that may affect the types of assignments you take _____

Resume

Name _____

Address _____

Phone _____ Email _____

Career Objective

Professional Experience

Company Name _____

Dates From _____ To _____

Position/Title _____

Responsibilities

Company Name _____

Dates From _____ To _____

Position/Title _____

Responsibilities

Company Name _____

Dates From _____ To _____

Position/Title _____

Responsibilities

Resume (cont'd) – Page 2

Name _____

Education

School _____ Dates Attended: From _____ To _____

Course of Study / Major _____

School _____ Dates Attended: From _____ To _____

Course of Study / Major _____

Additional Skills, Training & Experience
